

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/601,416
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	First Named Inventor	Sanjay Agrawal
	Group Art Unit	2168
	Confirmation Number	7781
	Examiner Name	Gortayo, Dangelino N.
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	172033.01

ENCLOSURES (check all that apply)														
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to revive <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Issue Fee Transmittal <input checked="" type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/>												
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>November 17, 2008</u></td> <td style="width: 33%;"><u>Noemi Tovar</u></td> <td style="width: 33%;"></td> </tr> <tr> <td>Date</td> <td>Signature</td> <td></td> </tr> <tr> <td></td> <td><u>Noemi Tovar</u></td> <td></td> </tr> <tr> <td></td> <td>Printed Name</td> <td></td> </tr> </table>			<u>November 17, 2008</u>	<u>Noemi Tovar</u>		Date	Signature			<u>Noemi Tovar</u>			Printed Name	
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	<u>Noemi Tovar</u>													
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.														

SIGNATURE OF ATTORNEY OR AGENT					
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